

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/630203
APPLICANT(S)

FILING DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1												
2							51	1				
3							52		1			
4							53		1			
5							54		1			
6							55		1			
7							56	1				
8							57	1				
9							58					
10							59					
11							60					
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41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
							100					
TOTAL IND.							TOTAL IND.	4				
TOTAL DEP.							TOTAL DEP.	11				
TOTAL CLAIMS							TOTAL CLAIMS	15				